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MULTIPLE DEPENDENT CLAIM																
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Application Number Filing Date **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) * May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND AMENDMENT **AMENDMENT** Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend i0 1 51 10 2 52 10 3 53 104 54 105 55 10 6 56 107 57 10 8 58 109 59 1 10 60 1 11 61 1 12 62 1 13 63 1 14 64 115 65 1 16 66 1 17 67 1 18 68 l 19 69 1 20 70 121 71 1 22 72 1 23 73 1 24 74 L 25 75 26 76 1 27 77 28 78 29 79 1 30 80 131 81 1 32 82 33 83 1 34 84 1 35 85 36 86 37 87 38 88 39 89 1 40 90 1 41 91 142 92 43 93 44 94 45 95 46 96 47 97 48 98 49 99 50 100 Total Total Indep Indep Total Total Depend Depend Total

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